

FINANCIAL AFFIDAVIT	
IN THE CASE OF	<div style="display: flex; justify-content: space-between;"> <div> IN UNITED STATES  MAGISTRATE <input checked="" type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below) </div> <div style="border: 1px solid black; padding: 5px;">LOCATION NUMBER</div> </div>
<u>US</u> v.s. <u>Sillah</u>	FOR _____ AT _____
PERSON REPRESENTED (Show your full name) <u>Sekou Sillah</u>	<div style="display: flex;"> <div style="flex: 1;"> CHARGE/OFFENSE (describe if applicable &amp; check box →) <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor </div> <div style="flex: 1;"> 1 <input checked="" type="checkbox"/> Defendant—Adult  2 <input type="checkbox"/> Defendant - Juvenile  3 <input type="checkbox"/> Appellant  4 <input type="checkbox"/> Probation Violator  5 <input type="checkbox"/> Parole Violator  6 <input type="checkbox"/> Habeas Petitioner  7 <input type="checkbox"/> 2255 Petitioner  8 <input type="checkbox"/> Material Witness  9 <input type="checkbox"/> Other </div> </div>
	DOCKET NUMBERS Magistrate <u>04-74</u> District Court _____ Court of Appeals _____

ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Am Self-Employed	
		Name and address of employer: _____	
		IF YES, how much do you earn per month? \$ <u>refused, on</u>	IF NO, give month and year of last employment <u>advice</u>
		How much did you earn per month? \$ _____	On counsel
		If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		IF YES, how much does your Spouse earn per month? \$ _____	
		If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____	
	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES		RECEIVED \$ _____	SOURCES <u>refused on advice of counsel</u>
	CASH	Have you any cash on hand or money in savings or checking accounts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ <u>approx. \$1000.</u>	
		Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PROP-ERTY	IF YES, GIVE THE VALUE AND \$ DESCRIBE IT	
		VALUE _____	DESCRIPTION _____

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS		Total No. of Dependents	7	List persons you actually support and your relationship to them	
		<input checked="" type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED				<u>wife in W. Africa and six children</u>	
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME:		Creditors		Total Debt	Monthly Pay
credit card debt approx.		\$ 20,000.	\$	\$			
		\$	\$	\$			
		\$	\$	\$			

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) 11/6/04

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)

[Signature]